Royal College of Paediatrics and Child Health

College Tutor Welcome Pack
UK Paediatric College Tutor Welcome Pack

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Dear College Tutor,

First I would like to thank you for taking on this role. It is a challenging task for which the responsibilities have expanded in recent years, but also a rewarding one. Moreover, it provides an ideal opportunity to shape the way that Paediatric training is conducted in your local Trust.

The pack contains a number of resources that both the College and I think may be useful. Please note in particular the College Tutor job description which outlines the responsibilities of the role and also, the ‘Top Tips for College Tutors’. It was written by an existing tutor and highlights the 12 most important responsibilities.

I hope this pack will ensure that you are well-informed and in the right position to settle quickly into your new role and ultimately enjoy it. The other resources outlined in the pack are areas in which the College has particular expertise, particularly examinations and the curriculum. However, the role of tutor can be seen in part as a managerial one and I would recommend that you contact your Deanery or Trust to find out more information about this.

I hope you find the Welcome Pack useful. If you have any queries or further enquiries about your new role, please do not hesitate to contact me: nayub007@hotmail.com or if you would like to contact someone at RCPCH, Kate Clarke: kate.clarke@rcpch.ac.uk.

Thank you again for taking on this role, and enjoy it.

Yours sincerely,

Dr Naeem Ayub
(Senior College Tutor)
Current Overview of the role of RCPCH College Tutors
Updated July 2015

Context

The RCPCH College Tutor is the paediatrician responsible for postgraduate medical education in each NHS trust. The role carries other responsibilities as well (see summary below).

Major changes in the structure of Postgraduate Paediatric Training and Education and other developments have led to increased expectations of Paediatric College Tutors by the College, Deaneries, Trusts and trainees.

To fulfil this expanding role, the College Tutor requires a broader range of skills and experience and an increasing amount of time. It is important that adequate time provision is made for this in the Tutor’s job plan. Therefore, the College recommends the allocation of 1PA for Paediatric College Tutors. However, this recommendation also depends upon which Trust the Paediatric College Tutor is based in. For further information view the NACT UK guidance below.

NACT guidance 2015

The range of skills and experience required to fill the Tutor’s role in future is likely to favour applications from experienced paediatricians with a strong educational interest and the ability to network effectively with colleagues in the Trust and Deanery.

The details of working arrangements within the Trust, including liaison across Trust boundaries, need to be appropriate to the local situation and agreed with colleagues.

All these factors make succession planning important.

Appointment of College/Specialty Tutors

The term of office is 3 years with the option of a further extension of 2 years, dependent on agreement from all parties. After completing a 5 year term College Tutors may re-apply for the role. In line with the greater accountability of the deaneries for post-graduate education and training, many deaneries now wish to participate in appointment of Specialty Tutors through a formal process. Specialty Tutors hold a
contract with the Deanery. In the event of this being the process within a Deanery, it has been agreed that a Specialty Tutor could be the nominated RCPCH College Tutor for that Trust/constituency, provided that the appointment is a joint appointment of the Deanery/Trust and RCPCH with a RCPCH representative on the committee.

Composition of the Interview Panel

The Panel should represent all parties with a legitimate interest (Deanery, Trust and College). The following constitution is suggested:

- Head of School of Paediatrics or his/her appointed representative;
- RCPCH Regional Advisor/Deputy Regional Advisor or Training Programme Director
- Trust Medical Director or Deputy or the Postgraduate Clinical Tutor.

The College, Trust and School should all have appropriate notification of the appointment process to allow a fair and appropriate process.

RCPCH College Tutor Job Description
Updated July 2015

Overview of Responsibilities of RCPCH College Tutors

The Tutor is the RCPCH Representative in his/her Trust. It is his/her duty to keep up to date with RCPCH standards in education and training, new educational initiatives and changes to examinations, assessments and curriculum updates.

Education and Training

The Tutor will:
- Co-ordinate the delivery and ensure the high quality of postgraduate paediatric education and training in his/her Trust/Local Education Provider with protected teaching time to deliver the RCPCH curriculum;
- Ensure that the educational opportunities and environment within the department meets the standard set by the RCPCH and fulfils the needs of both the hospital and community trainees of all levels;
- Ensure that strategies are in place that seek to maximise the training value of every patient contact;
- Ensure high quality induction programmes are in place, attended and recorded in line with clinical governance requirements;
• Ensure there is appropriate access to scheduled deanery-based formal learning opportunities;
• Ensure an appropriate balance between service and training needs is maintained. This includes the avoidance of unnecessary duties without educational benefit and of workloads which regularly prevent attendance at educational activities;
• Ensure trainees have reliable access to appropriate IT and internet learning;
• Ensure trainees participate in audit;
• Ensure there is appropriate access to examination teaching;
• Encourage trainees to undertake presentations, understand research methodology and critical appraisal through appropriately structured journal clubs;
• Encourage attendance at the RCPCH Annual Conference and other suitable meetings.

Educational Supervision

The Tutor will:
• Ensure that all trainees are allocated an Educational Supervisor, have timely appraisals and have access to appropriate career advice, including issues regarding flexible training;
• Ensure educational supervisors have access to ePortfolio accounts and are linked to their trainees;
• Ensure Educational Supervisors are supported and developed to undertake their role, to the standard set by the deanery which reflect the Gold Guide, and GMC requirements;
• Ensure that appraisals are held at the beginning and middle of each post with appropriate development of a personal learning plan;
• Ensure that an end of post review including a review of ePaed MSF feedback takes place, where specified;
• Act in a pastoral role where trainees require confidential help from someone other than their Educational Supervisor;
• Ensure that the School of Paediatrics is informed of any concerns relating to trainees in difficulty to ensure they receive optimal support.
• Ensure Educational Supervisors are well informed about the START Assessment and understand their role in providing feedback to candidates following the assessment.

Co-ordination of Continuing Professional Development

The Tutor will:
• Encourage all career-grade Paediatricians in their department to engage in the RCPCH CPD scheme and ensure adequate time is allocated in their job descriptions for this purpose;
• Encourage activities in the department programme to facilitate appropriate CPD and support individual doctors in meeting their CPD needs;
• Co-ordinate with the paediatric department’s Clinical Fellows and Staff and Associate-Specialist doctors lead (SASG lead), in collaboration with the deanery (who will be responsible for their further development).

Relationships

• The RCPCH College Tutor works closely with the Directors of Medical Education (DME)/Post-graduate Clinical Tutors (PGCT) for the Trust to ensure that the local deanery’s learning agreements are met. S/he will represent Paediatrics on the Trust’s Educational Committee which is responsible for ensuring that the local educational facilities and learning environment are of a high standard. S/he will facilitate local placement feedback and will co-ordinate any necessary visits to review paediatric training.
• S/he will act as a local representative for RCPCH in the Trust, ensuring information from the College is passed on to trainees and colleagues. His/her name, hospital and contact email address will be included on an RCPCH College Tutors’ webpage register. Restricted access to this register will be limited to members who have direct involvement with the College Tutor role.
• Within the deanery, s/he will be involved in the deanery’s School of Paediatrics, meeting with other College Tutors.
• The RCPCH College Tutor will attend meetings of the Deanery School of Paediatrics on a regular basis, in order to work effectively with the School of Paediatrics.
• In this role, s/he will support the regional paediatric training programmes and assist in the Annual Review of Competency Panel [ARCP]/RITA process as required, using this opportunity to discuss possible improvements in the educational environment. S/he will also assist in the selection of trainees.

Contact details

Please note that the College may need to share your contact details with those undertaking other specific College roles such as the Senior College Tutor, College Tutors, Officers and Regional Advisors. This will be limited to name, hospital and preferred contact email address. If you have any concerns as to how the RCPCH will share your details with these individuals, please contact kate.clarke@rcpch.ac.uk.
Accountability

- Professionally responsible to RCPCH;
- Managerially responsible to Deanery School of Paediatrics;
- Contractually responsible to the Trust.

Training

It is expected that the Tutor (particularly new tutors) will attend either of the RCPCH Paediatric College Tutor Days (usually held in the autumn and spring) and also, the College Tutors’ session held at the annual college meeting. Attendance at suitable updates and other relevant courses held by RCPCH, deanery and other bodies is strongly recommended.

Resources

- The job plan will state the duties and responsibilities of the Tutor and clearly state the expected time commitment [in PAs]. Most Trusts give 1 PA per week to Paediatric College Tutors. However, this does vary depending upon the College Tutor’s Base Trust.
- This time commitment may be recognised as additional PAs or by a reduction in other PAs. This is a matter for local negotiation.
- The job plan will describe the annual process of appraisal and objective setting.

The role of the deputy college tutor

Six months before the college tutor’s term of office is due to finish, a successor should be identified within the department and the relevant bodies notified i.e. the College, School of Paediatrics and the Trust postgraduate tutor. The individual should go through the appointments process (see above) and then function as a deputy college tutor, This would involve shadowing the current college tutor and undertaking various responsibilities so that the transfer of college tutor’s duties will be seamless and with minimal problems.

References


Whilst each deanery may have its own format for a person specification, it is suggested that it should include the following:

<table>
<thead>
<tr>
<th>Essential criteria</th>
<th>Desirable Criteria</th>
<th>How Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be a Fellow, Member or Affiliate Member of the Royal College of Paediatrics and Child Health and a local Consultant in paediatrics or one of the paediatric sub-specialties.</td>
<td>Strong sense of professionalism</td>
<td>CV/application</td>
</tr>
<tr>
<td>Ability to demonstrate experience as a clinical and educational supervisor.</td>
<td>Meets Gold Guide and GMC criteria for educational and clinical supervisor, with other educational achievements.</td>
<td>CV/application</td>
</tr>
<tr>
<td>Have genuine enthusiasm for education and relevant, up-to-date training in teaching methods by having attended Paediatric Educators Programme/Training the Trainers or equivalent</td>
<td>PG Cert in Education or equivalent</td>
<td>CV/application</td>
</tr>
<tr>
<td>Have detailed, up-to-date knowledge of the requirements of postgraduate training, the regulations involved and the examinations, assessments and appraisals that trainees are required to undertake</td>
<td>Up to date with all college material</td>
<td>CV/application</td>
</tr>
<tr>
<td>Able to demonstrate an active involvement in education and training issues and have an appropriate and current working knowledge of educational requirements.</td>
<td>Educational achievements.</td>
<td>CV/application</td>
</tr>
<tr>
<td>Understand the principles of appraisal and assessment and have had appropriate training.</td>
<td>Training within the last 5 years</td>
<td>CV/application</td>
</tr>
<tr>
<td>Appropriate training in Selection methods</td>
<td>Training within the last 5 years</td>
<td>CV/application</td>
</tr>
<tr>
<td>Awareness of the issues around handling trainees in difficulty</td>
<td>Training within the last 5 years</td>
<td>Interview</td>
</tr>
<tr>
<td>Ability to attend relevant national RCPCH Tutors’ meetings and joint Tutors’ meetings with the Board of the School of Paediatrics</td>
<td></td>
<td>Interview</td>
</tr>
<tr>
<td>Contribute to the Deanery School of Paediatrics</td>
<td>Previous involvement with deanery.</td>
<td>CV/application</td>
</tr>
<tr>
<td>Excellent organisational skills</td>
<td></td>
<td>Interview</td>
</tr>
<tr>
<td>Excellent communication, counselling and liaison skills – a readiness to listen and empathise</td>
<td></td>
<td>Interview</td>
</tr>
<tr>
<td>Problem solving abilities and a flexible, practical approach.</td>
<td></td>
<td>Interview</td>
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Tips for New College Tutors

1. Get a good handover from outgoing tutor
2. Make sure you know who does what in your trust
3. Establish good links with:
   - Staff in postgrad centre including DME and Clinical Tutor.
   - Deanery Training Programme Directors
   - RCPCH regional advisor
4. GPVTS co-ordinator Ask colleagues what they would like from you
5. Establish good communication with trainees
   - E mail groups
   - Regular meetings
   - Informal local feedback surveys
   - Available for career advice
6. Find out what is needed locally for quality assurance/Educational Governance
   - Annual reports/Quarterly QIPP reports
   - Make sure all supervisors are up to date with training
   - Collate annual deanery and GMC trainee and trainer surveys, feedback to colleagues and develop and monitor plan for improvement if necessary
7. Look at induction arrangements
8. Review local guidelines and make sure they are updated (training opportunity)
9. Get up to date with college policy (website)
   - E portfolio, WBAs, reports, ARCP, Exams, ST7A, Grid applications
10. Get involved early with trainees in difficulty
    - Check e-portfolios of incoming trainees, liaise with Educational Supervisor and allocate Clinical Supervisor after discussion (make sure you have College Tutor rights on e-portfolio)
    - Supervision of Supervisors, joint meetings, liaison with deanery
11. Make sure your job plan is sorted!
    - 1 PA for up to 20 trainees, 1.5PAs for 20-40, 2PAs for >40 (NACT 2009)
    - Try to arrange clinical work to clash as little as possible with CT work
12. Be enthusiastic about training
    - Counter moans about rotas, gaps, EWTD, e portfolio etc. Etc.
    - Stand up for the rights of trainees to excellent training in face of service pressures

Dr. Neil Hopper 2011
Key Elements to the Paediatric Training Pathway

MRCPCH

MRCPCH Structure

The MRCPCH examination is an essential part of paediatric training. Trainees have to pass it to progress beyond Level 1 training. It may be taken as soon as the trainee has passed the Primary Medical Qualification – this is the only entry requirement.

The examination consists of: 3 theory examinations delivered by computer based testing; Foundation of Practice (FOP), Theory and Science (TAS) and Applied Knowledge in Practice (AKP) and the MRCPCH Clinical Exam. For the rules and regulations regarding number of attempt and time limitations on examinations please see link below.

Examinations | RCPCH

Pathway through MRCPCH

Examinations Executive recognised that trainees often acquire competence within the knowledge curriculum in a manner inconsistent with the rigid linear structure of the MRCPCH. Trainees often develop proficiency within decision-making and prioritisation in clinical practice in many areas whilst they are still developing their understanding of some aspects of the theory and scientific basis that underpins their work.

With this in mind it was agreed to allow examination candidates to apply for entry to any of the theory examinations offered by the College in whatever order fits in with their own personal development. This would allow candidates, for example, to enter the Applied Knowledge examination before they have successfully completed either of the other two theory examinations. It is recommended that Foundation of Practice should still be the first theory examination undertaken.

The MRCPCH Clinical examination will still remain the final component towards the attainment of the MRCPCH and can only be undertaken upon completion of the written papers.

Foundation of Practice (FOP) focuses on the areas of child health that are relevant to those who will be working with children in their medical careers, not just those entering mainstream hospital-based paediatrics. The areas to be tested will be those conditions likely to be seen in 6 to 12 months of hospital, community or primary care practice.
This examination also serves as the theory component of the Diploma in Child Health examination which gives recognition to general practitioners, vocational trainees and staff grades in specialties allied to paediatrics.

**Theory and Science (TAS)** focuses on the basic scientific, physiological and pharmacological principles upon which clinical practice is based. The principles of evidence-based practice will also be tested in this examination, as well as in the ‘Applied Knowledge’ examination (see below).

**The number of examination questions**

The FOP and TAS examinations consist of the following questions:
- 14 Extended matching questions (EMQ) worth 9 marks each (3 per item)
- 9 Multiple true-false questions worth 5 marks each (1 per item)
- 52 Best of five questions worth 4 marks each

**Question Types**
- Multiple true-false questions
- Best of Five questions
- Extended matching questions (EMQs)

**Applied Knowledge in Practice (AKP)**

**APK Examination Structure**

It consists of two examinations, each of 2½ hours duration. The Examination is a test of clinical knowledge and decision making in all areas of Paediatrics and child health. Questions dealing with research, audit, ethics and medical science applied to clinical care, will be covered in these two examinations. In addition, some material on adolescent medicine will be included in the examination.

- Each examination will carry approximately the same number of marks.
- Candidates’ marks will be combined from the two papers to form an overall mark.
- The standard of the examination is still set at the level of knowledge expected of a competent paediatrician in training entering Level 2 training/ST4.
Each examination will consist of a mixture of questions which are known as Case Histories, Data Interpretation, and Photographic Material.

The questions set will be a combination of new format questions and will include "best of" list, "n from many" list and "extended matching" questions.

One examination is taken in the morning and the other in the afternoon.

**MRCPCH Clinical**

The aim of the examination is to assess whether candidates have reached the standard in clinical skills expected of a newly appointed ST4.

Candidates are expected to demonstrate proficiency in:
- Communication
- History-taking and management planning
- Establishing rapport with both parents and children
- Physical examination
- Child development
- Clinical judgement
- Organisation of thoughts and actions
- Recognition of acute illness
- Knowledge of paediatrics and child health
- Professional behaviour
- Ethical practice

**The Format of the Examination**

The MRCPCH Clinical Examination includes:
- 10 objective assessments of each candidate. The number and length of time of candidate assessment increases reliability of the exam
- Explicit and structured testing of communication skills
- Observed history taking and discussion of management
- 6 “short case” assessments, emphasising clinical examination
- Candidates will normally be assessed by a different examiner at each clinical station, so performance at one station does not influence the next station
- Assessment and management of the child with developmental problems
- Acute paediatrics

For more information please go to [MRCPCH Clinical examination](https://www.rcpch.ac.uk) | [RCPCH](https://www.rcpch.ac.uk)
START Assessment – (approved by the GMC, January 2012)

The assessment is designed to give external feedback on the trainee’s readiness for consultant practice. It aims to evaluate clinical decision making on the basis of adequate knowledge and communication with the family and clinical team as well as critical appraisal of medical literature and health service management by a lead member of a multidisciplinary team.

The assessment will be for all trainees within level 3 training (ST6-8) who are aiming for CCT in General Paediatrics and all the GMC approved paediatric sub-specialties. It will supply feedback to all trainees providing a focus for training and improvement for all, and clear guidelines for those whose assessment fell below the expected standard. Feedback is provided as:

- An individual global score on each station compared with the performance of trainees taking that station
- Individual itemised scores on each station compared with the performance of trainees taking that station
- Feedback from assessors noting points of good performance and areas for further development.

For all trainees this will highlight areas for personal development in the final 1-2 years before CCT.

Assessment Format

The assessment consists of 12 stations. Each station has 4 minutes reading time and 8 minutes for the assessment. The trainee rotates through each block of 4 stations before moving onto the next block of 4.

The circuit is designed so that 6 stations explore generic paediatric skills, taken by all trainees including a station each on critical appraisal, safe prescribing and safeguarding. The other 6 stations are taken in General Paediatrics or in the subspecialty in which the trainee is registered.

More information can be found from a number of areas of the College website. For further general information on START please visit the START webpage:

START | RCPCH
For some further tutor specific information, please visit the College Tutor webpage:

[College Tutors | RCPCH](#)

**Workplace-based Assessments**

Workplace-based assessments are part of the assessment strategy of all specialties and are strongly promoted by the GMC. They are an excellent opportunity for the trainee to receive feedback, reflect and develop. They give trainers the opportunity to see how the trainee functions in “real life” and enables the trainee to demonstrate skills such as professionalism and decision making.

In September 2013 the RCPCH made a number of changes to these assessments aiming to improve their educational impact. The main change is that the scoring aspect of assessments has been removed. The essential feature is that feedback is recorded and suggestions for development are made. Virtually all of the assessments are now conducted as a formative Supervised Learning Events (SLEs), an assessment for learning. The primary outcome is the learning that follows on from the assessment. If an assessment is summative in nature, then it should be conducted as an Assessment of Performance (AoP). An AoP makes a judgement about whether a specific competency has been achieved and should be viewed as an assessment of learning.

It should be expected that early on in training, a less than perfect performance by a trainee undertaking an assessment should be seen as the norm, although it goes without saying that patient safety and quality of care must be maintained at all times.

Between them, trainees and trainers should prospectively identify and plan learning opportunities according to the individual needs of the trainee and should update development plans accordingly. Additionally unplanned learning events should also be taken as when these arise as they too present valid opportunities for learning.

Prior to the Annual Review of Competence Progression (ARCP) meeting the Educational Supervisors Report or Trainers Report as it is more commonly known is completed, and while numbers and distribution of assessments will be documented, it is an opportunity for the Educational Supervisor to document trainee engagement with SLE’s and demonstrate trainee progression through reflection, learning and development.
The aim of this guide is to provide trainees and trainers with the basic information needed to get through the ARCP, including some ideas of how to complete SLEs/AoP's in a busy unit.

**An informative guide to formative and summative assessment**

**ASSET**

As part of their training, all those in approved training posts (including STs, FTSTAs, LATs, ACFs) must complete workplace-based assessments. The Royal College of Paediatrics and Child Health administers the majority of assessments through the ASSET facility, the College's dedicated online assessment service.

Trainees must register with the College to gain an online assessment account.

Further information on workplace-based assessments can be found in assessment tools guidance and assessment and exams

or in the following webinar:

[http://www.youtube.com/watch?feature=player_embedded&v=iSDq2WGNrTY](http://www.youtube.com/watch?feature=player_embedded&v=iSDq2WGNrTY)

**ARCP**

During your induction meeting make sure that you or the educational supervisors for the new trainees:

- Clarify context
  - look at the ARCP report and trainer's report (from the previous training year) OR
  - look at the end of posting review (from the first posting in this training year)

- Remind the trainee about mandatory requirements for ARCP
  - MRCPCH exam (to progress beyond ST3)
  - APLS (or equivalent), NLS (or equivalent) and child safeguarding course – valid certificates:
  - Supervised Learning Events (SLEs) to be completed during the training year – minimum of 12 (20 recommended) (pro rata for LTFT trainees),

- Make sure that Educational Supervisors complete induction meeting form
• Remind trainees about updating ePortfolio. It is easily done as they progress through the posting rather than rushing through the week before their ARCP.

**Eportfolio**

ePortfolio is the College’s online learning tool for trainees and their supervisors to log their activities and monitor progress through the curriculum.

[ePortfolio | RCPCH](#)

**OOP**

For college guidance on all Out of Programme processes (OOPC, OOPE, OOPR and OOPT) please see the website:

[Out of Programme (OOP) | RCPCH](#)

**Acting up**

Acting up is now part of the paediatric curriculum and no longer requires GMC prospective approval. Regional prospective approval will still be required by the Head of School as not all trainees will have access to this opportunity and the impact on achieving CCT and rotas needs to be considered. Please see college website:

[Acting Up as a Consultant during Training | RCPCH](#)
Grid Application

Any trainee wishing to train in a GMC recognised Paediatric subspecialty must go through the Grid. The sub-specialties are:

Community Child Health
Child Mental Health
Neonatal Medicine
Paediatric Allergy, Immunology and Infectious Diseases
Paediatric Clinical Pharmacology
Paediatric Endocrinology and Diabetes
Paediatric Emergency Medicine
Paediatric Gastroenterology, Hepatology and Nutrition
Paediatric Inherited metabolic medicine
Paediatric Intensive care medicine
Paediatric Nephrology
Paediatric Neurology
Paediatric Neurodisability
Paediatric Oncology
Paediatric Palliative medicine
Paediatric Respiratory medicine
Paediatric Rheumatology

The best place to get information on NTN Grid Applications and selection process is on the College website.

There is a main page (link below) giving an introduction to the assessment, and also a useful FAQ page (link below) that may be helpful.

Sub-specialty training (NTN grid scheme) | RCPCH

NTN Grid frequently asked questions (FAQs) | RCPCH
Trainees in Difficulty

The most important factor to consider when dealing with a trainee in difficulty is that everyone is responsible for ensuring that correct and appropriate action is taken to ensure both patient and colleague safety.

For this to take place the Educational Supervisor, Clinical Supervisor and yourself (the tutor) need to be involved in the process. Ensure that there is a careful documentation of events at all times that is factual, triangulated with a third party and objective.

The table shown below may be a useful tool to help show the correct and proportional response to poor practice.

<table>
<thead>
<tr>
<th>Direct Clinical Practice</th>
<th>Personal but Affecting Practice</th>
<th>Referral to Organisation</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early concerns about rate of progress</td>
<td>Behaviours causing irritation</td>
<td>Clinical/College Tutor, Clinical Director</td>
<td>Specific educational interventions linked to PDP with assessment of progress</td>
</tr>
<tr>
<td>Assessed concerns about progress in gaining competence and proficiency</td>
<td>Personal behaviours affecting clinical practice and team dynamics</td>
<td>Clinical Tutor, Training Programme Director, Postgraduate Dean</td>
<td>Educational interventions as above but with enhanced supervision. Use of RITA process and counselling</td>
</tr>
<tr>
<td>Incompetent practice</td>
<td>Personal behaviour affecting practice</td>
<td>As above but may consider NCAS referral when 'serious and repetitive'</td>
<td>Assessment, advice, counselling, Repeat of module or year with increased supervision. Ensuring competence in basic procedures before moving to more complex</td>
</tr>
<tr>
<td>Incompetent or negligent practice. Abuse of position</td>
<td>Failure to respond to personal health issues or responses shown above</td>
<td>Involve NCAS but GMC referral may also be indicated</td>
<td>Screening leading to review and assessment followed by educational or disciplinary routes</td>
</tr>
<tr>
<td>Patient formal complaint. Serious untoward incident</td>
<td>Suspicion of substance abuse, misuse of hospital facilities</td>
<td>Hospital investigation but involving organisations listed above</td>
<td>Voluntary restriction of practice or exclusion. Review leading to reinstatement or dismissal. Design of intensive educational programme</td>
</tr>
</tbody>
</table>

From: Trainees in Difficulty - presentation by Andrew Long

Guidance and courses of action are available on the College website but many deaneries have released guidance documents recommending correct procedure. If this is not available in your deanery, the College would recommend looking at the KSS deanery and Wessex deanery guides as both have been recommended.

The College would also recommend looking at the tutor page on the website where there is a sub-section on Trainees in Difficulty with some additional resources.

http://www.rcpch.ac.uk/node/166/latest_revision#traineesindifficulty